

Knowledge, attitudes and perceptions of adolescents in the Namibian childrens's home regarding HIV prevention

by
Rahimisa Kamuingona

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Supervisor: Prof. JCD Augustyn
Faculty of Economic and Management Sciences
Africa Centre for HIV/AIDS Management

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Declaration

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Acknowledgements

I wish to extend my gratitude to my Lord and Saviour Jesus Christ, thank you for your patience with me. I also wish to thank my husband, Kazombiri Ismael Kamuingona, thank you for your support and encouragement, may God continue to richly bless you. Finally I would like to thank Prof. JCD Augustyn for your guidance and support.

Dedication

I dedicate this book to my daughter Uataara Kamuingona, you are indeed a blessing to many.

Key concepts

The following key concepts were used during this study because of their relevance:

HIV/AIDS

Multiple concurrent partners

Sexual networks

Cross generational sex

Transactional sex

Condoms

Male circumcision

Abstain

Behaviour change

Adolescent

Abstract

HIV prevention is a much more cost effective measure than ART treatment where countries with limited resources such as Namibia need to invest in. For prevention programs to be effective there is a need to conduct need assessments, target high risk population such as commercial sex workers, injecting drug users as well as young adults (which include adolescents) and address drivers of the epidemic through specific interventions.

The researcher conducted a quantitative research among adolescents living in the Namibian children's Home. The findings were that the respondents possess general information about HIV, however this information is not universal and there is still a great need to address the misconceptions regarding the disease. In terms of current development in the field of HIV, it was evident that participant had little information, therefore the benefit of an educational program for this participants cannot be emphasised enough

The Government should use these findings to identify the correct program for this particular group.

Opsomming

Die voorkoming van MIV/Vigs is baie goedkoper as die verskaffing van Vigs-medikasie, veral in lande met beperkte finansiële bronne soos byvoorbeeld Namibië. Ten einde te verseker dat MIV/Vigs programme suksesvol is, moet daar vooraf die nodige behoefte-bepalings gedoen word en moet daar verder met die hoë-risiko deel van die bevolking soos sekswerkers, verslaafdes aan verdowingsmiddels en jong volwassenes (wat hulleself blootstel aan MIV-infeksie) kontak gemaak word vir intervensieprogramme.

Die doel van hierdie navorsing was die bepaling van die kennis-, persepsie- en houdingsvlakke van jong volwassenes in 'n kinderhuis in Namibië. Resultate het daarop gedui dat deelnemers aan die navorsingsprojek beperkte inligting ten opsigte van MIV/Vigs het en dat daar daadwerklik aandag gegee sal moet word aan beter voorligting aan kinders in Namibië in die algemeen en aan die kinders in die kinderhuis in die besonder.

Table of content

Declaration.....	iii
Acknowledgement.....	iv
Dedication.....	v
Key concepts.....	vi
Abstract.....	vii
Opsomming.....	viii
List of figures.....	ix
List of tables.....	x
Table of content.....	xi
Abbreviations.....	xii
Outline of the study.....	xiii
 Chapter 1. Introduction.....	 1
1.1. Background and rationale.....	1
1.2. Research problem.....	2
1.3. Research question.....	3
1.4. Significance of the study.....	3
1.5. Aim of the study.....	4
1.6. Significance of the study.....	4
1.7. Definition of key concepts.....	4
1.8. Hypothesis.....	5
 Chapter 2. Literature review.....	 6
2.1. Introduction.....	6
2.2. HIV infection among young people (Epidemiology).....	6
2.3. HIV prevention strategy.....	6
2.4. Adolescent development and behaviour.....	8

2.5. HIV prevention among young people.....	9
2.6. Drivers of the epidemic.....	10
2.6.1. Multiple Concurrent Partnerships.....	10
2.6.2. Intergenerational/Cross generational sex.....	10
2.6.3. Transactional sex.....	10
2.6.4. Low and inconsistent condom use.....	11
2.6.5. Low perception of HIV risk.....	11
2.6.6. Low level of male circumcision.....	11
2.6.7. Alcohol abuse.....	12
2.7. Know your epidemic.....	12
2.8. Other factors.....	12
2.9. Behaviour Change communication.....	13
2.10. Conclusion.....	13
 Chapter 3. Research Methodology.....	 14
3.1. Introduction.....	14
3.2. Target Population.....	14
3.3. Sample and Sampling Techniques.....	14
3.4. Data Collection.....	14
 Chapter 4. Data Analysis and findings.....	 15
4.1. Introduction.....	15
4.2. Demographic information.....	15
4.3. Knowledge based questions.....	16
4.4. General statements about HIV.....	18
4.5. Knowledge on HIV prevention.....	19
4.6. Assessment of risk.....	20
4.7. Attitude based questions.....	20

4.8. Perception based questions.....	21
5. Chapter 5. Conclusion and recommendations.....	24
5.1. Introduction.....	24
5.2. Recommendations.....	24
6. References.....	25
7. Addenda.....	27
7.1. Addendum A.....	27

Abbreviations

AIDS – Acquired Immunodeficiency Syndrome

HIV – Human Immunodeficiency Virus

KAPB- Knowledge, Attitude, Practice and Behaviour

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNICEF- United Nations Children’s Fund

DHS- Demographic Health Survey

MOHSS – Ministry of Health and Social Services

List of Figures

Figure 4.1: I believe I have enough information about HIV	16
Figure 4.2: Comparison of question 1, 2 and 15.....	17
Figure 4.3: HIV prevention statements.....	19

List of Tables

Table 4.1: Demographic information of the respondents.....	15
Table 4.2: General statements about HIV.....	18
Table 4.3: Attitude based statements.....	20

Chapter 1: Introduction

1.1. Background and rationale

Namibia has been listed among the top five countries affected by the AIDS epidemic since its inception. With a prevalence rate of close to 20% at the height of the epidemic, Namibia needed to act immediately to counteract or mitigate the impact. These efforts included scaling up ART for those already infected and raising awareness and increasing prevention methods for those that were not infected. There has been success as the prevalence rate decreased to 13% from 17% among adults in the age category of 15+ (UNAIDS, 2010).

Globally the most successful advances are recorded in the area of treatment according to UNAIDS (2011), nearly 6.6 million people are on ART treatment while in Namibia, approximately 80 000 people are on treatment. This has resulted in an improved life span for those taking ARV. These successes had spin off effects in other areas such as the prevention of new infections and controlling the epidemic. According to UNAIDS (2007), it is important to sustain the advances in antiretroviral treatment and at the same time scale up prevention efforts in order to manage new infections. In fact UNAIDS emphasize that it is important to integrate prevention efforts with treatment protocols as this will reduce the number of new infections. With AIDS epidemic requiring a multi-sector approach it is important to note that horizontal prevention programs will not be effective in halting the spread of the HIV virus. Therefore the need to mainstream prevention programs in all AIDS sector programs cannot be stressed enough.

With many countries in Southern Africa experiencing a decrease in the funding for AIDS programs, it is important that these countries invest heavily in prevention programs which are much more cost effective than treatment programs. According to UNAIDS (2011) “the current economic crisis and dwindling international resources have reduced the financial resources made available for the AIDS response. At the end of 2010 about US\$ 15 billion was available. International assistance has declined from US\$ 8.7 billion in 2009 to US\$ 7.6 billion in 2010. The resilience of the AIDS response has somewhat cushioned the adverse impact of this reduction in resources, but the accumulated deficit in funding is one of the factors that prevented the world from reaching all the goals set in 2001 for 2010. The future of AIDS resourcing depends on smart investing: spending now to curtail the need to ‘spend more-forever’”.

In spite of these successes, it is important to note that there is still a great deal of work ahead as the HI virus is spreading. In Namibia 16 new infections occur each day (25% among infants aged less the one year, 31% amongst youth aged 15-24 a 37% in persons aged 25 or older) (National Strategic Framework of Namibia, 2010). In order to scale up prevention efforts it is important to understand the dynamics of the epidemic in a particular setting. Epidemics are driven by different factors in each country, however in southern Africa, particularly in Namibia, factors such as low male circumcision, multiple concurrent partnerships, cross generational and transactional sex, alcohol and other substance abuse as

well as gender and cultural practices are perceived as the main drivers of the epidemic (National Strategic Framework for HIV/AIDS 2010). Therefore it is important when scaling up prevention efforts to focus on these dynamics and design programs that specifically address them.

Statistics indicate that Namibia has experienced a reduction in HIV infections in the age group of 15-24 years, yet 16 new infections are also recorded each day according to the country's National Strategic Framework for HIV/AIDS (2010).

The country therefore cannot afford to be complacent with its AIDS response. Among the strategies to consider is the targeted intervention for HIV prevention among young people.

The Namibian Children's Home is government run place of safety for children who lack proper parental care. The children are placed there through a legal instrument such as a court order and they are placed under the care of a housemother and the supervision of a social worker. The Children Home is fully subsidized by the government.

The focus group in this study is adolescents between the ages of 10-18 years living in the Namibian Children's Home. The young people living in the Namibian Children's Home are part of this group and as such need to have access to HIV prevention programs. In this age group the specific drivers that fuel the spread of the HIV virus is multiple concurrent partnerships, inconsistent condom use, alcohol and substance abuse, gender and cultural practices, cross generational sex and low level of information.

The study will focus on the HIV prevention needs of adolescents at the Namibian Children's Home. Currently there are no HIV prevention programs running at the Children's Home and looking at the number of teenage pregnancies reported there, it is evident that there is a need to introduce such programs. It is important to conduct a thorough assessment of the level of knowledge, existing attitude and perceptions in order to introduce the correct program.

1.2. Research Problem:

UNAIDS has indicated in its 2010 Global Report that young people are leading the way in the prevention of the spread of HIV. In Namibia, improvements across key knowledge and behaviour indicators—including comprehensive knowledge, age of sexual debut, engagement in higher-risk sex, and condom use among both males and females aged 15–24 years—were associated with declines in HIV prevalence among young people, from slightly more than 10% in 2007 to about 5% in 2009.

Even though there has been this major decline in prevalence rate among adolescents it is important to note that not all young people are reach with messages on prevention and this might reverse these gains if this gap is not addressed. It is therefore important to continue to invest in prevention efforts that target adolescents. Prevention is much more cost-effective for developing countries with limited resources than ART treatment.

The situation in the Namibian Children's Home is unique in the sense that there has never been an AIDS programs introduced to residents (both the house mothers and the children). There has been reported incidents of teenage pregnancies which is a clear indication that young people are engaging in risky sexual behaviour and the house mothers lack the

necessary information to provide adequate support for the children. In addition these young people comes from dysfunctional homes which at times are poverty stricken and as a result are vulnerable to HIV infection and easily engage in risky sexual behaviours that include; transactional and cross generational sex. Therefore there is a need to develop a prevention strategy that addresses these issues and ensure that young people are empowered enough to make informed decisions regarding HIV.

1.3. Research question

What is the level of knowledge, attitude and practices of adolescents in the Namibian Children's Home regarding HIV prevention?

1.4. Significance of the study

The impact of the AIDS epidemic in Namibia has cost the country more resources and human life than any other disease. In order to mitigate the impact of the epidemic, the country with the donor community has invested heavily in this response. Progress was made but the greatest challenge is to maintain and improve on these successes. Other motivating factors for conducting this study include:

- UNAIDS, states in its Policy Paper on HIV prevention (2005) that only one in five people have access to prevention programs. Therefore the need for prevention programs cannot be stressed enough. One of the key strategies to do this is to continue investing in prevention efforts that target high risk groups. In the UNAIDS Report on World AIDS Day (2011) it is stated that the "world faces a clear choice: maintain current efforts and make incremental progress, or invest smartly and achieve rapid success in the AIDS response". The participants in this study have little access to information on HIV prevention and there is a need to invest in prevention programs for these children.
- It is necessary to conduct an assessment of the level of knowledge, attitude and perceptions towards HIV prevention before designing an intervention. This is clearly stipulated by UNAIDS, In the principles of effective HIV prevention that HIV prevention actions must be evidence informed, based on what is known and proven to be effective and investment to expand the evidence base should be strengthened.
- Generally institutions of care are not effective in addressing the psychosocial and sexual reproductive needs of children in their care; therefore it is important to conduct an assessment in order to determine existing gaps, opportunities to address with regard to the HIV prevention needs of this group.

There is no doubt that children in the Children's Home are engaging in risky sexual behaviour because of the reported cases of teenage pregnancies at the Home. This view is supported by a UNICEF KAPB on study that was conducted in 2006, almost 43% of orphans in the age group of 15-25 have already engaged in sexual intercourse.

- The study will raise awareness among policy makers and decision makers on how best to meet the HIV prevention needs of adolescents at the Namibian Children's Home.

1.5. Aim of the study

The aim of the study was to assess the level of knowledge, attitude and perceptions of adolescents living in the Namibian Children's Home towards HIV prevention. The more specific objectives of the study are given in 1.6 below.

1.6. Objective of the study

- To assess the level of knowledge regarding HIV prevention.
- To determine the attitude of adolescents towards HIV prevention
- To determine the perceptions of adolescents towards HIV prevention.
- To provide recommendation to management on how to meet the HIV prevention needs of adolescents at the Namibian Children's Home.

1.7. Definition of key concepts

The following concepts will be used throughout this study;

1.7.1. **HIV:** is the virus that weakens the immune system, ultimately leading to AIDS.

1.7.2. **Multiple concurrent partners:** Persons who have concurrent partnerships are those who report at least two partners for which first sex is reported as less than or equal to six month ago.

1.7.3. **Behaviour change:** This refers to the adoptions and maintenance of healthy behaviour

The above definition were derived from UNAIDS Terminology Guidelines (2011).

The definition of the following terms is derived from the study conducted by the Ministry of Health and Social Services on behavioural and contextual factors driving the epidemic in Namibia.

1.7.4. **AIDS:** is a syndrome that attack and weakens the body immune system

1.7.5. **Cross generational or sex intergenerational sex:** this refers to engaging in sexual intercourse with a partner who is 5 years older

1.7.6. **Transactional sex:** In this type of relationships, sex is exchanged for food, money, gifts, drinks, transportation and other favours.

The following words were define by the researcher based on the study context:

1.7.7. **Male circumcision:** The removal of the foreskin from the penis through a medical or traditional procedure.

1.7.8. **Adolescent:** This refers to the developmental stage of young people between the ages of 10-18 years.

1.8. Hypothesis

The adolescents living in the Namibian Children's Home have limited knowledge on HIV prevention and this has a negative effect on their attitude and perceptions towards the prevention of the epidemic.

Chapter 2: Literature Review

2.1. Introduction

There is significant number of resources that exists on this subject and effort has been made to incorporate it in this study.

2.2. HIV infection among young people (Epidemiology)

UNAIDS in 2008 estimated that 5 million young people between the ages of 15-24 were living HIV in 2008. In the same year 900 000 new HIV infections occurred among young people. Nearly 80% (4 million) of these infections occur in sub-Saharan Africa. High infections recorded in 2005-2006 occurred in this age group translating to about 5000-6000 infection daily or about 2.3.million HIV infections annually. (UNAIDS Outlook report 2010).

The National Strategic Framework for Namibia (2010) estimates 16 new infections occur in this age group which is still relatively high for a population of 2 million people. The epidemic in Namibia is generalized and this simply means that all population groups are at risk of being infected with the virus. These projections indicate that almost 44% of all new infections will occur in this age group in the next five years.

Statistics regarding the age group 15-24 recorded by UNAIDS (2010) indicate that:

- Over 50% of young people in Namibia can both correctly identify ways of sexual transmission and reject major misconceptions about HIV transmission.
- Despite this high level of knowledge on HIV transmission, HIV testing in this particular group is lower than 20%.
- Condom usage in this group has increase to a level of almost 80%.
- These findings support the significant decrease in HIV prevalence (below 6%) in this age group.

According to UNAIDS (2011), Namibia is in the forefront of reaping the benefits of investing in AIDS programs. Over the last decade there has been a concurrent scale-up of HIV prevention and treatment programs. Condom use has increased to nearly 75% among men; fewer than 11% of men and 2% of women have multiple partners; and young people particularly boys, were starting to have sex at an older age. Treatment access has reached an all-time high of 90%. The combined impact contributed to a 60% drop in new HIV infections by 2010, from 22 000 in 1999.

2.3. HIV Prevention strategy

Mayer et al (2009) indicate that HIV preventions may be viewed as having three components (1) primary prevention, mainly directed towards uninfected by HIV; (2) secondary prevention, which include early detection of HIV infection to offer early prevention and therapeutic services to both acutely and chronically infected persons (3) while tertiary

prevention involves targeting persons with chronic HIV infection to reduce their death and disability levels by using ART.

The importance of different prevention programs for each group lies in the fact that each group has specific needs that cannot be addressed by generalise interventions.

HIV prevention strategies have evolved with time, just like the epidemic itself. In the early years of the epidemic the focus was on responding to the crisis. This included the famous ABC (Abstain, Be faithful and use a condom) strategy which mainly targeted uninfected people. This strategy was successful in raising awareness about HIV/AIDS but had little impact on changing behaviour. As more research was carried out to understand the dynamics of the epidemic, the focus shifted to behaviour change and this included; getting people to know their status through testing, targeting people already living with the virus, focussing on MARPS (Most At Risk Populations) while at the same time using the ABC approach. In addition there has been effort to use biomedical models as prevention models and these include the development of vaccines, using ART as a prevention tool and female gels.

Even though strides have been made in HIV prevention among the heavily affected countries in Southern Africa, there are still worrying signs that these efforts are not enough. UNAIDS states that “for every person in Sub-Saharan Africa that starts on HIV ART conservatively four persons became HIV infected” (UNAIDS, 2007). Therefore the current HIV/AIDS programs are expensive and not sustainable in the long run.

It is evident that prevention is the key to halting the spread of HIV and ensuring that the successes in the treatment area are maintain. The challenge is to design effective prevention programs, and according to UNAIDS (2007) “no single prevention program is going to work for all populations at risk and all the diverse geographic settings where HIV circulates”. Hence the need to use a comprehensive approach in halting the spread of HIV/AIDS and this approach will only be successful if the following conditions are met:

- identify populations at higher risk of HIV infection
- define what prevention measures are essential for these populations;
- ensure adequate delivery of essential prevention measures to the identified populations; and
- Act on the drivers of the epidemic, including harmful social norms and laws, gender inequality and neglect of human rights.

UNAIDS has classified the epidemic in Namibia as hyper endemic and this refers to when HIV prevalence exceeds 15% in the adult population. This prevalence rate is being driven by a number of factors such as early sexual debut, high levels of longer-term multiple concurrent sexual partnerships—especially for men, intergenerational sex, gaps in consistent condom use with casual and longer-term partners, low acceptability of condom use in cohabiting couples and biological co-factors such as low levels of male circumcision and the presence of sexually transmitted infections especially viral infections which are difficult to treat.

Prevention programs targeting young people are crucial because they are vulnerable to infection as it is stated in the UNAIDS Global Report for 2010, in 2008, young people accounted for 40% of all new HIV infections in 15-49 year olds and almost 3000 young people are infected with HIV each day.

In Namibia the situation is the same if not worse with the projection showing that almost half (44%) of new infections are expected to occur among youths age 15 to 24, with women accounting for 3 of every 4 new infections among youth. (MOHSS, 2009).

2.4. Adolescent Development and behaviour

This study will look at specific prevention activities that targets adolescents, therefore it is important to present a brief background on adolescent development and behaviour and how this contribute to the spread of HIV.

Adolescent behaviours and development is associated with; development of an identity, gender roles, sexual identity and orientation, it also involve experimentation in a number of areas as well as testing or challenging authorities.

The advent of puberty and its associated cognitive, emotional and physiological development, coupled with the emergence of sexual expression and the desire to experiment, general risk taking, high levels of mobility, instability and change often lead to heightened vulnerability for young people. Because of their age and immaturity, cognitive development, young people are frequently limited in their ability to negotiate sexual relationships and contraceptives use and may also underestimate their own risk for HIV Mayer et al (2009, p. 410). These factors place them at a particular risk of engaging in risky sexual behaviour.

In addition CDC states that adolescents are at especially high risk of contracting STIs because:

1. Immature biology. Adolescents have immature reproductive and immune systems which make them more vulnerable.
2. Earlier sexual debut and later onset of marriage.
3. Contextual conditions. These include poverty, homelessness and other social problems.
4. Barriers to quality STI prevention services.

The adolescents in this particular live in an African setting where a number of structural issues increase their vulnerability to HIV. Cultural and gender practices such as power relations, division of labour, gender based violence and communication aspects increases their vulnerability.

In African societies, the behaviour of adolescent is greatly affected by cultural and traditional practices which include; more power and authority is given to boys while girls are taught to be submissive. "In many societies adolescent is a time when boys gain autonomy, mobility, opportunity and power, including in the sexual and reproductive realm, while girls lives become more restricted" (Mensch et al, 1998)

Though it is evident that such practices contribute significantly to the spread of HIV, many communities tend to ignore these practices or accept them as normal.

“But as many communities turn a blind eye to such common practices as multiple sexual partnerships and age-disparate relationships and they may also ignore intimate partner violence that woman’s ability to make effective choices for HIV prevention (Opportunities in Crisis, 2011).

Of particular importance is the assumption that adolescents engage in sexual intercourse with multiple concurrent partners without using condoms and are at great risk of acquiring STI’s including HIV.

It is therefore important to also target this group as they have a great role to play in the prevention of the HIV virus. In resource constrained settings such as Sub-Saharan Africa, they also have the most potential for altering epidemic trajectories that can reduce overall prevalence – as already observed in several countries including Uganda, Kenya, Tanzania and Zimbabwe (Mayer et al 2009, p.406). Finally, when designing prevention programs for adolescents and young people it is important to consider the age and the stage of development. This will enhance the effectiveness of the response and ensure that they receive relevant information according to their particular age and the stage of development.

2.5. HIV Prevention among young people

Why is it important to address the spread of the HIV virus among adolescents?

It is noteworthy that UNAIDS (2011) credits declines in new HIV infections across the world to changes in the behaviour among young people, sex workers and their clients, people who inject drugs, men who sex with men and transgender people. Access to HIV prevention services has empowered individuals and communities to act in earnest against the disease.

When formulating strategies on preventing the spread of HIV it is important to look at the role of young people and their contribution to the spread of the epidemic. WHO and UNAIDS have prioritized prevention with young people as one of the most important key strategies that will help curb the spread of HIV in the next five years. Looking at their strategic plans it is evident that engaging young people should not be viewed as ad hoc strategy but rather the centre of all prevention programs.

The Draft WHO Strategy on HIV 2011-2015, states that young people (age15-24) are making important contributions to reducing HIV incidents, but access to priority HIV interventions, including sexual reproductive health services and education during the formative adolescent years hinders their progress.

It is therefore important to put young people’s leadership at the “centre” of national responses, provide right-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection among their peers, by ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education and by ensuring an enabling legal environments, education and employment opportunities to reduce vulnerability to HIV. (UNAIDS Outcome Framework, 2009- 2011) Joint Action for results.

Emphasize should also be placed on the continued education of young people and raising their level knowledge in preventing HIV/AIDS in order to succeed with prevention programs.

Youth are the strongest agents of change in their local communities, and any policy not tailored towards the needs of communities is destined to fail. By strongly focusing on the education of the youth, we can help prevent HIV for the next generation (Mechai Virawaidya, quoted on 14 June 2011 – 16h20).

2.6. Drivers of the epidemic

According to the NSF (2010) there were various identified drivers of the epidemic Namibia.

2.6.1. Multiple and concurrent partnerships

This refers to when people engage in sexual relationships that involve more than one partner at the same time. Multiple concurrent partnerships are legitimized through deep rooted traditions of a polygamous society (NSF 2010). There is great tolerance towards these sexual practices even though there is a general awareness that such practices fuel the spread of HIV/AIDS. Recent statistics indicate that multiple concurrent partnerships in Namibia is common with 16% of sexually active men and 3% of women reporting more than one partner over a period 12 months (MOHSS, 2008).

Qualitative research findings suggested the following factors were associated with the practice of multiple and concurrent partnerships in Namibia; social and individual acceptance, unmet sexual expectations and needs, poor communications and conflict resolutions in relationships, transactional sex, male and gender norms and alcohol use. (Republic of Namibia. 5-8 November 2008. Report of the 1st National Consultation on HIV Prevention in Namibia.

Concurrent relationships are more common in sub-Saharan Africa than one time casual encounters, and the average duration of relationship is relatively long, resulting in tightly linked, overlapping sexual networks (Halperin and Eipstein, 2004).

2.6.2. Intergenerational/Cross generational sex

This refers to sex between couples where the age gap is more than five years. According to a study on behavioural and contextual factors driving the epidemic in Namibia by the Ministry of Health and Social Services (2008) indicate that prevalence among men is highest in the age group of 35 to 45. Therefore under these circumstances having intercourse with an older person rather than a peer poses an increased risk of infection among younger women.

Among women aged 15-24 years, 7% of single women and 26% of married women reported having a partner 10 years older than them (NSF, 2010). The phenomenon of “sugar daddies” and “sugar mommies” is associated with this practice. Namibia also has high incidence of gender based violence where mostly older men will sexually violate younger women.

2.6.3. Transactional sex

This refers to the practice of exchanging sex for money or any other goods of value.

Transactional sex is born out of a system of widespread poverty and high income inequality in which young men and women have few employment options and access to resources is almost exclusively through wealthier men (LeBeau and Mufune 2001).

The group in this study is vulnerable because of a number of factors and chief among them is the fact that most of them come from unstable/dysfunctional households where poverty is high, thus they are likely to engage in this particular behaviour in order to solicit for funds.

According to the Ministry of Health and Social Service data on the frequency of transactional sex is very limited. In the 2006 Namibia DHS only 1.4 percent of men reported having paid for sex in the past 12 months.

2.6.4. Low and inconsistent condom use

Inconsistent condom use especially among those in long term/cohabiting relationships is common. Therefore if one partner has sex with someone else without using a condom and get infected he or she passes this virus on to their partner. Some factors for low or inconsistent condom use in the National Strategic Framework include, mistrust, cultural and gender norms and communication problems. Condom efficacy is lowest among females 15-24 years, coupled with the fact that they are more likely to have sex with unfaithful partners; they are particularly vulnerable to HIV.

According to the Namibian DHS (2006) regardless of the partner type, poor, rural and uneducated are least likely to use condoms.

2.6.5. Low perceptions of risk of HIV infection

Despite engaging in risky sexual behaviours many people in Namibia view themselves as “low risk”. This tends to motivate many people to engage in reckless sexual behaviour and as a result infecting others (NSF, 2010).

According to the Ministry of Health and Social Services, people behaviour is often depended on their perception of risk. Two aspects of HIV risk are relevant:

- The perceived likelihood of acquiring the infection
- The expected impact the disease will have on one's life.

2.6.6. Low levels of male circumcision

Male circumcision has been shown to reduce HIV acquisition in men by 60% in three randomized trials and is now recommended by WHO/UNAIDS as a component of HIV prevention strategies, particularly in countries with a low prevalence of male circumcision and with generalized HIV epidemics (NSF, 2010). According to the Global HIV Prevention Working Group that countries with higher rates of male circumcision have lower rates of HIV infection. (Global HIV Prevention - Working Group August 2006: New HIV Prevention Methods- Accelerating Research and ensuring future access)

Namibia has a low level of male circumcision (only 21%) and the government has increased effort to scale up services to all communities (MOHSS, 2009).

2.6.7. Alcohol abuse

Not only is southern Africa home to a disproportionate burden of HIV infection, it also reports the highest rates of alcohol consumption globally (Fisher et al 1996, Simbayi et al, 2004). Alcohol abuse has been known to increase the ability of people to engage in risky sexual behaviour.

The UNICEF KAPB (2006) study identified alcohol abuse as the only single significant risk factor that contributed to the spread of HIV through higher sexual risk taking.

2.6.8. Low level of knowledge of HIV prevention

The assumption is that the adolescents living in the Namibian Children's Home have little access to information on how to protect themselves from HIV. This places them at a higher risk of becoming infected with the virus and hence the need to assess their knowledge level on HIV prevention.

- According to the KAPB study by UNICEF (2006), knowledge of HIV transmission and prevention is high among young people but knowledge of STI remains low.
- Despite this high level of knowledge, HIV testing among young people remains low.

2.7. Know your epidemic, know your response

Given the widely differing characteristics of the epidemics between countries and regions, national response must be guided by the most current strategic information on the nature of the HIV epidemic and the country. Knowing the epidemic thus include understanding where, how and among whom new infections are occurring (Draft WHO strategy on HIV 20011-2015)

Using the UNAIDS approach of know your epidemic, know the population at high risk and tailor your response accordingly it is important to use this as a strategy to identify the key issues in the epidemic response.

It is evident that adolescent are vulnerable to HIV infection and at the same time also have a great role in halting the further spread of the epidemic.

It established that adolescents is a population at high risk it is therefore necessary to look at what drives the epidemic in this particular group.

2.8. Other factors include:

Gender Based Violence

People mobility and migration in and outside the country

Gender inequality

Income inequality

Early sexual debut

2.9. Behaviour Change Strategies

Behaviour strategies are defined as those that attempt to delay sexual debut, decrease multiple concurrent partners, cross generational, transactional sex, increase consistent condom use, provide counselling and testing for HIV, encourage adherence to biomedical strategies if available, preventing HIV transmission, decrease sharing of needles and syringes and decrease substance use. The strategies increase the knowledge level of individuals and help them to assess the level of risk in their current behaviours while at the same time try to address the risk.

The aim is to increase knowledge through various strategies on how people can protect themselves from being infected with HIV and also help people modify their negative behaviours through an informed decision making process.

2.10. Conclusion

It is evident that a number of studies were carried to support the impact of HIV on various sectors. Evidence suggests that the spread of the virus in Namibia is supported by a number of behaviour and contextual factors that include, low level of male circumcision, alcohol abuse, low level of condom use and others. Studies also indicate the role of various factors that contribute to the rapid spread of the virus among adolescents.

Chapter 3: Research Design and methods

3.1. Introduction

Research design refers to the outline, plan or strategy specifying the procedure to be used in seeking an answer to the research question. It specifies things such as how to collect and analyze data (Christensen, 299)

3.2. Target Population

The target population comprises of adolescents living in the Namibian Children's Home. There are 140 children living in the Home and 29 are adolescents. These children have been found to be in need of care through a court order and were placed through a legal instrument. The time frame that these children have been living in the Home ranges between 1 month and 18 years. There are times when these children leave the Home for an extended period of a month and visit relatives or acquaintances for holidays, however they spend 90% of their time in the Home.

3.3. Sample and sampling techniques

Currently there are 140 children in the home from various age groups and only 29 are adolescents. Therefore all the adolescents will form part of the study and no sampling method will be used. The sample was based on a non-random as the entire population of adolescents at the Namibian children were needed for the study

3.4. Data collection

The purpose of this study is to assess the level of knowledge, attitude and perception of adolescents regarding HIV prevention. It is assumed that the current level of attitudes and knowledge of adolescents towards HIV in general is very low therefore a quantitative research will be carried out.

Quantitative research study is a research method where numerical data is gathered to "answer a given research question" (Christensen 2007, p39).

A questionnaire with structured questions will be administered to the participants.

The questionnaire will test the knowledge and attitude of the participants. It will be a self administered questionnaire for all participants.

Chapter 4: Data Analysis and Findings

4.1. Introduction

This chapter discuss in details the findings of the study and various formats such as graphs and table used to present the data. In addition the researcher also intends to draw parallel with existing literature to either support or refute the findings.

The purpose of this chapter is to breakdown the data into manageable information.

The gathering of data was done with a questionnaire that provided the respondents with an opportunity to choose from four possible answers which were; strongly agree, agree, disagree and strongly agree. In the interpretation Agree and strongly agree will be combine at times to bring out the message clearly as also the case for strongly disagree and disagree. However with questions that clearly test their knowledge these choice will be computed separately.

4.2. Demographic information

The demographic data of the sample is given in Table 4.1 below:

Table 4.1. Demographic information of the respondents

Frequency Distribution Table		
	Female	Male
Sex	50	50
Grade 3-6	18%	18%
Grade 7-9	18%	28%
Grade 10-12	14%	4%
Total	50%	50%
Age		
10-13 yrs	21%	14%
14-16 yrs	18%	32%
17-18 yrs	11%	4%
Total	50%	50%

Table 4.1 clearly indicates the different demographic features of the respondents that were used in this study. There is equal representation of both sexes (50% or n=14). In terms of education the majority of the respondents (28%) are male in the Grade 7-9 category. In terms of age distribution the majority of the participant were between the ages of 14 -16 which is a representation of 50% of the overall population.

4.3. Knowledge based questions

It is well known that knowledge is a prerequisite for behaviour change. According to Behaviour Change theories people need to recognise that they are in immediate danger before they can their behaviour. Therefore without pressure or relevant knowledge they will not be able to change.

The following statement was used to test if the participants felt that they possess enough information about HIV. The scores were as follows:

Thirty-nine percent of the participants strongly agreed that they had enough information about HIV, 33% agree while an equal number of participants (14%) disagree or strongly disagree. This constitutes 28% of the total population who believe that they do not possess enough information about HIV. This is a significant number considering the fact that UNAIDS put young people at the forefront in changing the trajectory of the epidemic.

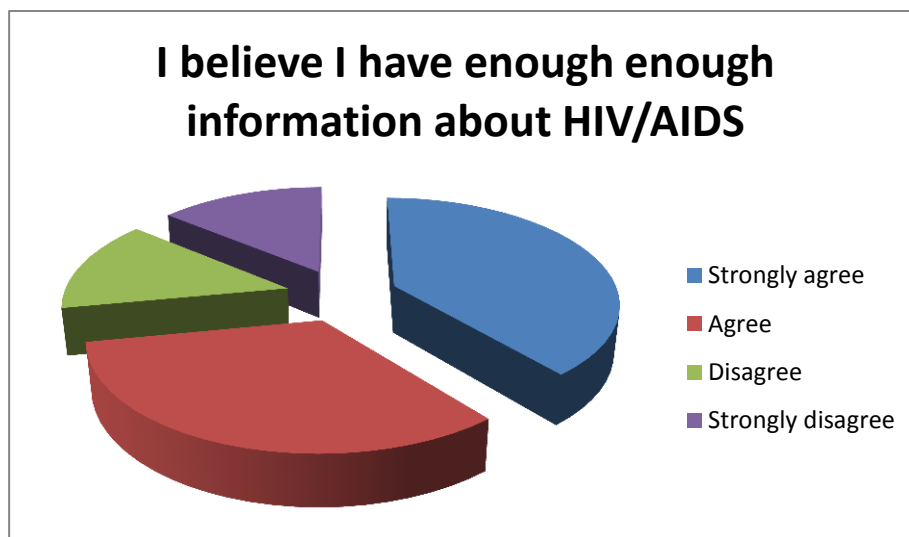


Figure 4.1: I believe I have enough information about HIV/AIDS

These findings are supported by UNAIDS, which states that globally there are deficits in HIV knowledge among young people, only three countries- Namibia, Swaziland and Rwanda had achieved over 50% in the level of comprehensive knowledge among both young men and women by the end of 2008.

In order to draw further conclusions with regard to the level of knowledge among adolescents on HIV prevention, the researcher felt the need to compare these three questions. The purpose is to test whether the respondents were consistent in their claims about possessing enough information about HIV. The comparison was between the following questions:

Statement 1: I believe I have enough information about HIV and AIDS

Statement 2: I know how to protect myself from HIV infection

Statement 3: I feel well informed about HIV

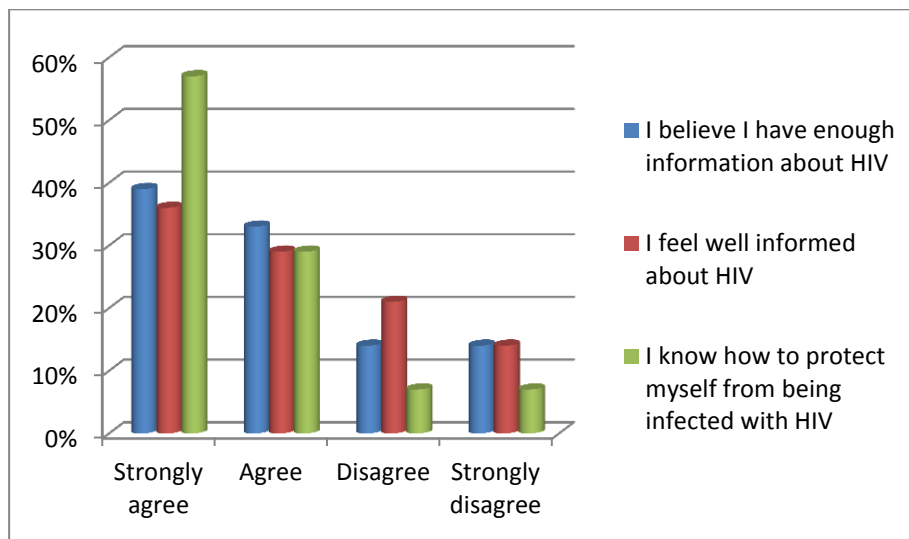


Figure 4.2: Comparison of questions 1, 2 and 15

The graph indicates that 57% of the participants know how to protect themselves from being infected with HIV, which is consistent with those who strongly agree and agree (72%) that they have enough information about HIV. This is also consistent with those who strongly agree and agree (65%) that they are well informed about HIV.

To the question of whether they know where to get more information about HIV, 36% strongly agree while 39% agree. These constitute a significant number of participants (75%) who know where they can get information about HIV.

In addition, 11% strongly disagree while 15% disagree with the statement.

4.4. General statements about HIV knowledge

statements are given in Table 4.2 below.

Table 4.2. General statements about HIV

	Strongly agree	Agree	Disagree	Strongly disagree
7. A person can get HIV by having unprotected sex with an HIV positive person	46%	7%	5%	42%
8. A person has a greater chance of being infected with HIV by having more than one partner	36%	39%	15%	11%
10. People with HIV can be cured by having sex with a virgin	0	11%	43%	47%
11. Weight loss is a symptom of HIV/AIDS	18%	32%	36%	14%
12. HIV and AIDS can be cured	7%	32%	36%	25%

The intention is not just to test the knowledge of the respondents but also to see if they have the correct information about HIV.

In this category of questions it was clear that participants are not at the same level. There is still a lot myth and misconceptions about the epidemic which can be clarified through a good educational program. In statement 7, 46% of the respondents strongly agree that a person can get HIV by having unprotected sex with an HIV positive person, while 7% agree. On the other hand 42% of the respondents strongly disagree that this is not true and only 5 % disagree. These findings clearly indicate that almost 50% of the participants have little knowledge of the risk involve by engaging in unprotected sexual intercourse. The indication is also that these respondents have little knowledge on the mode of HIV transmission.

However the respondents ranked multiple concurrent partnerships as more dangerous than engaging in unprotected sex with someone who is HIV positive. To statement 8, 75% (strongly agree and agree) of the respondents are in agreement that a person has greater chance of getting HIV by having sex with more than one partner.

Statement nr 10 was put in to help the researcher to identify whether the participants have correct information regarding HIV or not. Almost 50% of the respondent strongly disagree with the statement that a person can be cured from HIV by having in unprotected sex with a virgin while 43% disagree with a statement. No respondents strongly agree with the statement while 11% agree with the statement.

In statement 10 the respondent were asked if weight loss is a sign that a person has HIV or not. The highest score was 36% of the respondents who disagree while 32% agreed. When the scores are combined half of the respondents (50%) are on opposing ends. This is a clear indication that there is a need to raise the level of their knowledge with the correct information.

The last statement in this category indicates that 7% of the respondents agree that HIV can be cured, while only 25% strongly disagree with the statement. The highest score was recorded in the category of disagree (36%) while 32% agree. With the combination of the scores the indication is that 61% are not in agreement with the statement. This is a relative high score; however it is still worrying to know that 39% believe that HIV can be cured.

4.5. Knowledge on HIV prevention

The statement in this section deal with general HIV prevention messages.

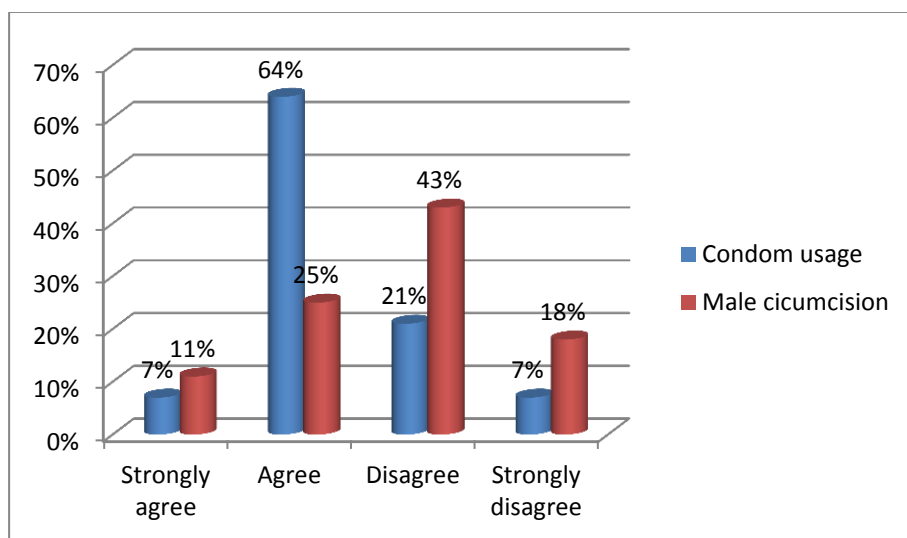


Figure 4.3. HIV prevention statements

The first statement was; using a condom at all times will help prevent a person from getting HIV. In this category 64% of participants agree with the statement while 7% strongly agree. This indicates that condoms are seen as a very important tool in the prevention of HIV.

UNAIDS (2011) states that with the generalised pandemic such as the one in Southern Africa, very high levels of consistent condom are essential to the halting of the epidemic. 28% of the responded are not in agreement with the notion that condoms are effective in preventing the spread of the virus.

A study done in US found that 61.5% reported using the last time they had sex, however only few report using a condom every time they had sex.

The response to the statement male circumcision helps with the prevention of HIV infection was as follows:

43% of the respondents disagree with the statement, this high score clearly indicate that the respondents view this as a myth.

4.6. Assessment of risk

Everyone can be infected with HIV; this statement reflects 30% of the participants strongly agree while the highest score was 37% for those who agree. However almost 33% do not agree that all people are at risk of being infected with HIV.

One of the best strategies to use in halting the spread of the epidemic is directing focus to people at higher risk of HIV infection. Young people as previously highlighted are at the centre of the epidemic whether it is preventing the spread of the epidemic.

5. Attitude based questions

The following questions were used to assess the attitude of adolescents towards the disease itself.

Table 4.3: Attitude based statement

	Strongly agree	Agree	Disagree	Strongly disagree
You can easily see who is infected with HIV by the way they look	4%	11%	43	43
People who are HIV+ are irresponsible because they contribute to the spread of the virus	7%	50%	39%	4%
People with HIV are treated well in their communities	11%	46%	29%	14%
It is easy to know that you have HIV without taking a test	18%	7%	50%	25%
HIV and AIDS is a huge problem which affect everyone including you	39%	46%	11%	4%

The statement that you can easily see who is infected with HIV by the way they look, 43% of the participants strongly disagree and this is a tie with those who simply disagree. Only 15% of the participant agree and strongly agree with the statement.

People who are HIV+ are treated well in their communities, 46% of the respondents agree with the statement while 29% disagree. The lowest score (4%) was with those that strongly disagree while those that strongly agree scored 7%. This is a clear indication in spite of all the advances in HIV stigma and discrimination is still there.

50% of the participants agree that people with HIV/AIDS are irresponsible as they contribute to the spread of the virus, while this was followed by those who disagree (39%) while the lowest score was for those who strongly disagree with the statement. Those who strongly agree with the statement scored 7%.

HIV testing is an important mechanism to ensure that people know their status. However the UNICEF KAPB study (2006) indicates that there is a low rate of young people between going for their test.

According to the AIDS Alliance for children (2005), indicate that HIV infection among the youth is also likely to be under-reported because youth commonly lack access to medical care for HIV diagnosis and treatment. Generally people in this age group only discover their status when they become symptomatic for HIV that they seek HIV care. Though studies indicate that there is low level of HIV testing among young people, half of the respondents (50%) indicated that you need to go for an HIV test in order to determine their status. With the combination of score for those who strongly disagree and those who disagree translate into almost 75% of the participants who state that you need to go for an HIV test.

HIV and AIDS is a huge problem in Namibia which affect everyone including you. The impact of the AIDS epidemic has affected everyone and all sectors. According to a survey conducted by UNAIDS and Zogby International Polls, 92.1% of the respondents said Yes to a question of whether AIDS is still important. (UNAIDS Outlook report 2010). In this study 46% of the respondents agree that HIV/AIDS is a huge problem and it affects them. This is followed by who strongly agree (39%) with the statement. On the lower end 11% of the respondents disagree while 4% of the respondents strongly disagree.

4.8. Perception questions

4.8.1. It is fine to go out or to date someone who is HIV positive

Stigma and discrimination is also associated with HIV. This statement was to assess the perception of the adolescents towards those living with the virus. 39% of the respondents agree with the statement. Those who disagree are also at the same level (39%). The lowest score (7%) was among those who strongly agree with the statement while 11% strongly disagree.

4.8.2. It is fine to sleep with someone for money in order to buy a cell phone or a dress.

The focus of this statement is to assess knowledge on transactional sex. Transactional sex is not only for commercial sex workers but there are those who engage in it yet do not see the dangers attach to it. Of the 28 respondents interviewed, 57% strongly disagree with the statement. The majority of those who strongly disagree are female (42%) while 15% were male. In addition 32% of male respondents disagree with the statement. The difference is that female strongly disagrees with this practise while male only disagree. Only 4% of the responded agreed with the statement.

4.8.3. I am 14 years old and my boyfriend is 27 years old and we have decided to have sexual intercourse. Do you agree with my decision?

The National Strategic Framework on HIV/AIDS identified factors that were contributing to the rapid spread of the epidemic in Namibia and among those listed was cross generational sex. In the UNICEF KAPB study 34.6% of those in the age group of 10-14 had sex with someone older or much older. More notably 23.1% had their first sexual encounter with someone ten or more years older.

The statement above was to assess the perception of adolescents towards cross generational sex. The findings indicate that 55% of the respondents strongly disagree with the statement while 42% disagree. Only 1 respondent strongly agreed with the statement.

4.8.4. People who are HIV positive must not engage in sexual intercourse at all.

The findings indicate that 43% of the respondents disagree with the findings while 36% agree with the statement. The lowest score was 11% each for those who strongly agree and strongly disagree.

4.8.5. People who are HIV positive must reveal their status to their partners before they engage in sexual intercourse.

The findings indicate that 39% of the respondents agree with the statement while 29% strongly agree. In addition 25% of the respondents strongly disagree with the statement, while the lowest score was from those (7%) who disagree with the statement.

4.8.6. People who are drunk engage in risky sexual behaviour

Alcohol has been identified as one of the factors that increase risky behaviours among people. According to the UNICEF KAPB study “alcohol abuse was the only single significant risk factor that contributes to the spread of HIV through higher sexual risk taking.

The findings of the study indicate that 54% of the participants agree with the statement while 36% strongly agree with the statement. Only 10% of the participants disagree with the statement.

4.8.7. I must use a condom every time I have sex.

The findings indicate that 46% of the respondents agree with the statement while 43% strongly agree. The lowest score was with those who strongly disagree with the statement while only 7% disagree.

4.8.9. If you are in a relationship with more than two people at the same time, you are at risk of becoming infected with HIV.

53% of the respondents agree with the statement while 35% strongly agree. The lowest score was with those disagreeing and strongly disagree where each category scored 7%.

4.8.10. If you start a new relationship you and your partner must both go for an HIV test before engaging in sexual intercourse

The findings indicate 75% of the participants strongly agree that a person should go for an HIV test with their partner. This is followed by those who agree (14%), while those who scored the lowest was those who disagree with 4% and 7% for those who strongly disagree.

4.8.11. I am not at risk of becoming infected with HIV.

This statement was used to assess whether people saw themselves being at risk of being infected with HIV. 36% of the respondent agreed that they are not at risk of being infected with the virus while 32% strongly agree. 18% of the respondents indicated that they disagree with the statement while those who strongly disagree scored 14%.

According to the UNICEF KAPB study it is noted the people tend to under report their risk. They look at the current situation and evaluate themselves based on that.

Chapter 5: Conclusion and recommendations

5.1. Introduction

This chapter will present the concluding remarks on the study as well as provide recommendations to the relevant authority on the way forward.

5.2. Conclusion

The results show that there exists a general awareness about HIV prevention though this knowledge is limited and also at times not correct. In addition it was evident that those who are older possess more accurate information than the younger. For prevention methods to be successful there is a need to have uniformity and consistency in educating communities about the epidemic.

The respondent's attitude towards HIV is also generally good, though the overall perception about HIV can be improved. Statement such as people who are HIV positive must not engage in sexual intercourse indicated the negative view that the respondent had to being HIV positive. It is therefore evident that the children living in the Namibian children's Home will benefit greatly from an HIV educational program and also a life skill program.

5.3. Recommendations

It is important that the HIV prevention needs of these adolescents are addressed through an appropriate program. For programs to be success it is important to:

1. Increase the participation of children in program design. This clearly in line with the UN general Assembly (8-10 June 2011) calls to involve young people.

“Government responsive to the call for building a new generation of young leaders for the AIDS response can invite young leaders to dialogue

2. It is important to target those behaviours that are easy to change. The Centre for Excellence indicated that future interventions for adolescents should include programs that promote reduction in partners, encourage abstinence or delay sexual debut as well as increase condom use at every sexual encounter.

3. The findings of this research should be used to inform program design by the Government of the Republic of Namibia. According to UNAIDS (2009-2011) states that strategic information on HIV and young people must be collected and analysed in order to inform and improve program planning and implementation for this population. Characterizing the HIV epidemic and response for young people should be guided by a situation assessment, which must identify gaps in HIV prevention services for young people and potential directions for their improvement and will assess the availability of supportive policies and the legal issues.

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Addenda

Addendum A

KAP Questionnaire

My name is Rahimisa Kamuingona, a Master degree student at the University of Stellenbosch in South Africa. I am conducting a research titled: “ **An assessment on the level of knowledge, attitude and perceptions of adolescents regarding HIV prevention in the Namibian Children’s Home.**”

I would like you to answer the following questions as honestly as possible. The questionnaire is anonymous. I thank you for taking your time to answer these questions.

Demographic questions

1. How old are you?

☐ 10-13 ☐ 14-16 ☐ 17-18

2. What is your gender

☐ Male ☐ Female

3. What is the highest level of education you have completed?

☐ Grade 3-6 ☐ Grade 7-9 ☐ Grade 10-12

Knowledge based questions

4. I believe I have enough information about HIV/AIDS.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

5. I know where to get more information about HIV.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

6. I know how to protect myself from being infected with HIV.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

7. A person can get HIV/AIDS by having unprotected sex with an HIV positive person.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

8. A person has a greater chance of getting HIV by having sex with more than one sexual partner.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

9. Using a condom at all times prevents a person from getting HIV.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

10. People with HIV can be cured by having sex with a virgin.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

11. ☐ Male circumcision helps with the prevention of HIV infection.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

12. Everyone can be infected with HIV.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

13. Weight loss are all symptoms of HIV/AIDS.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

14. HIV/AIDS be cured.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

15. I feel well informed about HIV.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Attitude based questions

16. You can easily see who is infected with HIV by the way they look.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

17. People who are HIV positive are irresponsible because they contribute to the spread of the virus.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

18. People with HIV/AIDS are treated well in their communities.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree

19. It is easy to know that you have HIV without taking a test.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

20. HIV/AIDS is a huge problem in Namibia which affect everyone including you.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Practise questions

21. It is fine to go out or date someone who is HIV positive.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

22. It is fine to sleep with someone for money in order to buy a cell phone or a dress.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

23. I am 14 years old and my boyfriend is 27 years old and we have decided to have sexual intercourse. Do you agree with my decision?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

24. People who are HIV positive must not engage in sexual intercourse at all.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

25. People who are HIV+ must reveal their status to their partners before they engage in sexual intercourse.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

26. People who are drunk engage in risky sexual behaviours.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

27. I must use a condom every time I have sex with someone?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

28. If you are in relationships with more than two people at the same time, you are at risk of getting HIV?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

29. If you start a new relationship you and your partner must both go for an HIV test before engaging in sexual intercourse.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

30. I am not at risk of becoming infected with HIV.

☐ strongly agree ☐ agree ☐ disagree ☐ strongly disagree

Thank you very much for your participation.